AMENDED

# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Carroll, Diana, Melehaulani	State Legislature
	TERM OF OFFICE (Begin/End):
	02/07/05 / 11/08/06

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

## ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	County of Maui, Office of the Mayor 200 S. High Street, 9th Floor Wailuku, HI 96793	E	Executive Assistant
SP	Ka Lima O Maui 95 Mahalani Street Wailuku, HI 96793	D	Grounds Supervisor

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

# ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
		·		
h AChack hare if anthuis None				

]Check here if additional sheets are attached



#### ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
·		
[ Chec	[☑]Check here if entry is None [ ]Check here if additional sheets are atta	

#### **ITEM 4: CREDITORS**

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
SP, F	Kona Hawaiian Village by the Sea 75-5722 Kuakini Highway, Suite 108 Kailua-Kona, Hawaii 96740	С	В
F	First Hawaiian Bank	C	В
[ ]Che	[ ]Check here if entry is None [ ]Check here if additional sheets are attached		

## ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Maui Adult Day Care Center 11 Mahaolu Street Kahului, HI 96732	Board of Director	Resigned 4/30/05	None
F	Friends of Maui County Health 45 Akumu Way Wailuku, HI 96793	Board 2nd Vice President	7/30/08	None
F	State Cable Advisory Committee	Member	Resigned 2/24/05	None
F	Maui AIDS Foundation 1838 Main Street, Wailuku, HI 96793	Board President	1/30/04	None
[ ]Check here if entry is None [ ]Check here if additional sheets are attached				

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# ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List intere	sts in real property in the State, held during the disclosur	re period, if the interest has a value of	of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
SP, F	Kona Hawaiian Village by the Sea (Timeshare) 75-5722 Kuakini Highway Kailua-Kona, HI 96740	(3) 7-5-019-005	С
[ ]Chec	k here if entry is None	[ 1Check here if a	dditional sheets are attached
		EAL PROPERTY ACQUIRED	
	sts in real property in the State, acquired during the disci	losure period, if the interest has a va	lue of \$10,000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
[ Chec	ck here if entry is None	[ ]Check here if a	dditional sheets are attached
		L PROPERTY TRANSFERRED	
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

FORM D-201

Check here if entry is None

[ ]Check here if additional sheets are attached



## ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
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•	
March Check here if entry is None	[ ]Check here if additional sheets are attached

#### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF AAAAASIAA	RECEV
[✔]Check he	re if entry is None	[ ]Check	here if additional sheets	are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Suri Jr. Carroll

<u>6/1/05</u>

DATE